R 6 1876 effect 3-3-19 Resp
~~H 1100~~ Ame 1942

15-3 G-49

R. 171-1M
3365 25-7-47.

UNIT AMC Training Depot No 2. RANK Captain NAME Goldie William

OFFICERS' DECLARATION PAPER.

OVERSEAS MILITARY FORCES OF CANADA.

QUESTION TO BE ANSWERED BY OFFICER.
(ANSWERS.)

1. (a) What is your Surname? Goldie
   (b) What are your Christian Names? William
2. (a) Where were you born? (State place and country) Ayr. Ont- Canada
   (b) What is your present address? 86 College St. Toronto, Ont-
3. What is the date of your birth? December 15th 1873
4. What is (a) the name of your next-of-kin? Mrs Isabel Moray Goldie
   (b) the address of your next-of-kin? Ayr. Ont; Canada
   (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Physician
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? None
9. State particulars of any former Military Service? None
10. Are you willing to serve in the Overseas Military Forces of Canada, Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Sgd. W. Goldie, Capt (Signature of Officer)

Taken on Strength (Place) Exhibition Camp, Toronto

(Date) April 23. 1918

Sgd. Hugh C. McLean Capt.
(Signature of Commanding Officer.)
for Major AMC

Certificate - Certified Correct. SBL

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him * fit for the Overseas Military Forces of Canada,

Date Apr. 23 1918. 191

Place Exhibition Camp, Toronto Sgd. Ernest C. Dickson Capt.
* Insert here "Fit" or "Unfit" Medical Oficer

CERTIFIED TRUE COPY.
N M Lundeen Major, Capt.
For A. M. S. Can.

R. 171-1M
8229 25

RANK NAME

OFFICERS' DECLARATION PAPER

OVERSEAS MILITARY FORCES OF CANADA

QUESTION TO BE ANSWERED BY OFFICER

(ANSWER.)

1. (a) What is your Surname?

(b) What are your Christian Names?

2. (a) Where were you born? State place and country

(b) What is your present address?

3. What is the date of your birth?

4. What is (a) the name of your next-of-kin?

(b) the address of your next-of-kin?

(c) the relationship of your next-of-kin?

5. What is your profession or occupation?

6. What is your religion?

7. Are you willing to be vaccinated or re-vaccinated and inoculated?

8. To what Unit of the Active Militia do you belong?

9. State particulars of any former Military Service?

10. Are you willing to serve in the

Overseas Military Forces of Canada.

The undersigned hereby declares that the answers made by him to the above questions are true.

(Signature of Officer)

Taken on Strength (Place)

(Date)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in conformity with the Regulations for Army Medical Services.

I consider him "

" for the Overseas Military Forces of Canada.

Date 19

Place

Insert here "Fit" or "Unfit"

Medical Officer

Dp. 13-2-19.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms X 2

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M.2W67-1
A.2A45-2.
M.2B465-1
Doc. S. 7 10 1
M 7 W 7 1
Dent. Cert. 1
Ref. as. R.d. 28-1-19
H.Q. 54-21-40-39.

M. F. W. 62.
50m—8/18.
H. Q. 1772—89—935.

REFUGEE'S
~~DISCHARGE~~ DOCUMENTS

Name GOLDIE. WILLIAM.

Regt. No. ..... Rank Capt.

Corps A.M.L.D. #2.

Demob.

AWB
Ret. 27-12-19

R. O. No.....

H. Q. No.....

~~Documents Disp to Personal Services~~ ~~on M4W2505~~
~~Ref Pers 1111 d 14-2-19~~
~~Returned to R.O. 13/3/19.~~

~~Docs Disp to M.D 2 on M 4W 2505 Ref 2-5494 d 13/3/19~~

Ret. 11-6-19

AMS
3/12/21

Paid
A.F.A.45-1.
a7W32/2-1
cancelled
a791237-1
19141

2
1-23
1-23

Original

MEDICAL HISTORY SHEET

Surname GOLDIE *Christian Name* William

Examined { on 23 day of April 1918
at Exhibition Camp, Toronto

Birthplace { City or Town Ayr,
County Ont. Canada

Apparent age 44 yrs. 4 mos.

Trade or occupation Physician

Height 5 feet 10¾ Inches

Weight 168 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left 3
Number 3

When Vaccinated last 1916

(*a*) Marks indicating congential peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection

Right eye blind.

Approved by Ernest T. Dickson

Rank Captain M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 23rd *day of* April *191*8 *at* Exhibition Camp, Toronto

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C.T.D.#2	Captain		April 23, 1918
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname GOLDIE Christian Name William

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
No. 4 Canadian Gen. Hospital, Basingstoke.		10	12	18.	16	12	18	Diarrhoea	6	Moderately severe attack. Tenderness over ascending and transverse colon. Passed fresh blood in liquid motion. No cysts. No protozoa. Negative to dysentery, enteric groups. Recovery. To duty	D. Crawford Capt RAMC

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) GOLDIE WILLIAM

REGIMENT C.A.M.C. RANK Capt. No.

Date of Examination in England 12-1-19 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS none
2. EXTRACTIONS none
3. CROWNS none
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   no

HAS HE EVER REFUSED DENTAL TREATMENT? NO.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England yes.
- (c) In France

Signature of Dental Officer George Gow Lt. Col. C.A.D.C.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station #4 Can Gen Hosp.

Date 13-1-19.

1. Rank and Name CAPT- WM. GOLDIE

2. Unit. CAMC. #4 Can. Gen Hosp. Basingstoke R.D. Shornclife

3. Age 45 4. Total Service 9/12 War Service { (a) at home 0 / (b) abroad 9/12

5. Address #4 C.G.H. Basingstoke.

STATEMENT OF CASE;

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Loss of vision - Rt Eye.

7. Date of origin of disability 1874

8 Place of origin of disability Canada

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

when a child of one year of age destruction of lens by puncture by darning needle. Lens absorbed portion fibrosed capsule remaining. ~~No~~ no other disability

I concur in the findings of the Board of Medical Officers here recorded.

Captain, ~~D.A.D.M.S.~~ for D.M.S. Canadians,

OPINION OF THE MEDICAL BOARD.

NOTES.-(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service ? yes

(b) in the service ? no

11. Was it attributable to military service ? no

If so, to what specific military conditions is it attributed? n.a.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service ? no

If so, by what specific military conditions ? n.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct ? If so, in what way, and to what extent ? no

[P.T.O.

14. What is the officer's present condition ?

General condition good, apart from loss of vision Rt eye all other systems are negative as far as any organic lesion is concerned.

There is no ocular disability

15. To what degree is the officer disabled at the present time ? n a

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent ? Yes

17. If not permanent, how soon is re-examination recommended ? n a months.

18. Is it necessary that the officer should be re-examined by the same Board ? no

19. What treatment is the officer receiving, and where, and from whom ?

none

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ?

no

21. Does the officer require the constant attendance of another person ? no

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service — no permanently

B.—Fit for service in a garrison or labour unit abroad — yes

C.—Fit for home service :—

(i) Active duty with troops — n.a.

(ii) Sedentary employment only — n. a.

D.—For admission to a command depot — n.a.

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital — n.a.

(ii) In an officers' hospital — n.a.

F.—Permanently unfit for any further military service — n.a.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with ? — n.a.

Duncan Graham Lt-Col. President.

K C Sharpe Major CAMC.

Pearce R Graham Capt CAMC } Members.

(C.S. 2342) Wt. W.764—P. 955 500m. 19/4/18 3025 H.S. & Co.

CANADIAN EXPEDITIONARY FORCE

M.F.-2-29.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) William GOLDIE

Enlisted in Canadian Army Medical Corps Training Depot No 2.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 [illegible] AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps Training Depot No 2.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Third day

of April 191 8

He SERVED in CANADA, and England with the C.A.M.C. Training Depot., C.A.M.C. Regimental & Training Depot., No 4 Can. Gen. Hospital., C.A.M.C. Casualty Coy., and District Depot No 2.

and was STRUCK OFF THE STRENGTH on the Third day

of March 191 9 by reason of General Demobilization

Dated at Ottawa, this Thirteenth day

of November 191 9

for Capt.

Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

S.O.S. 3-4-19 demob. S.O.S. 3-4-19 demob.
return to active militia unit. R.O. 1472 came 28.
D.O. 166 14-6-19 42 am 9.

SURNAME. Goldie

CHRISTIAN NAMES William

REGL. No.

RANK Capt

UNIT C.A.M.C. (S.D.) Medical Staff Per. Cou.

FORMER CORPS Nil.

S.O.S. 3-3-19 came
D.O.S. 28
Demob. 4-3-19
Cancelled
DO Hyp. 21/5/19 2 DM
SOS demob 3/3/19
RO 1988

2 Auth. 22-5-19
Cancelled
CARD NO. #29 mc.
Cancelled 2/4/19.
S.O.S. Demob. 3-3-19 came
Cancelled
R.O. 1176.
Apr 23 1918
D.O. Part II No. 115
S.O.S. Demob. 3/3/19
RO 1988
CHANGE OF ADDRESS
Cancelled
RO 1988 f
12-7-19
200

NEXT OF KIN.

NAMES IN FULL Goldie Mrs. Isabel Moray

RELATIONSHIP TO SOLDIER Mother

ADDRESS Ayr. Ont.

COUNTRY OF BIRTH Canada, Ayr Ont. DATE Dec. 15th. 1873.

PLACE OF ATTESTATION Toronto Ont. DATE Apr. 23rd. 1918.

O/S. 9-6-18 L. 355 details. P/C 5-2-19 262/1

MARRIED SINGLE WIDOWER

TRADE OR CALLING Physician RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Apr. 23rd. 1918.

Present Address 86 College St. Toronto Ont.

NAME Goldie W REGT. No.

RANK AND UNIT Capt CAMC 4 CGH

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1168 3	St D.E. 1 Hyde Park Place	22-6-18	Influenza
1168 3	Desch	2-7-18	
1168 1	4 Can Gen Basingstoke	11-12-18	Diarrhoea
1193 3	Desch	16-12-18	

Form R. 149.

8405

Name GOLDIE William *Rank* Capt. *Reg. No.*

Unit CAMC. H.C.G.H.

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
22	6	I.O.D. EHoosp. London. (20158)		Influenza.	1168			
2.7		Discharged 7003			1168			
11-12		Hon Gen Hos Brainsowke (2997)		Diarrhea	1168			
16-17		Discharged (7003)			1173			

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

M. F. W. 71—500M.—5 18.
1772.—30—951.

NAME Galbe. William Physician

REGIMENTAL No.

RANK Capt.

ENLISTED AT Toronto Ont

PROMOTIONS, &c. AND DATE

DATE 23. 4-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. none.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN Mrs. Isabel Mary Galbe. Mother.

RELATIONSHIP

ADDRESS OF Ayr, Ontario.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
S.S. 2 Dd. 3-3-19	72	13-3-19	adm S. Do. 60
S.S. 3-3-19 returns to active militia	102	12-4-19	149 3½ - 2 - 6/6 S. - adm S Do 86

Reg. No.	Rank.	Surname Goldie Christian Names (1) William (2) (3)	Category. Date	Dentally Unfit.
	Capt			

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Toronto	28/4/18	Camp Depot	Presby	4.7.18	
Province:	**Age on**	**Date**		**Vaccination**	
Ontario	44	1.9.18		21.6.18	

On Command	Hospital	Permanent Cadre Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
	Physician
Reason for Return:	Transferred or Posted to Date

Married or Single

Address of Next of Kin

Country

LEAVE.

No. of Pass Issued	From	To	Free Transportation

A.G. 10435

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
6 Amle Depot					
204	23/7/18	SJ			
242	30/8/18	SD			
44	4.9.18	S.J.			
7	25-1-19	SD.			

Form DMS 1401.

Canadian General Hospital,

HOSPITAL.

A. & D. CARD

AT

A. & D. No. D/a 152 PL. OF ACTION UK

RANK Capt. REG. No. – UNIT Camo 4 6 Gd SICK OR WOUNDED

NAME Goldie W. AGE RELIGION

PLACE IN HOSPITAL K.

DIAGNOSIS Diarrhoea

ADMITTED 10. 12. 18 FROM Lines

DISCHARGED 16. 12. 18 TO Lines.

TRANSFERRED

SERVICE AT HOME IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

No | Rank: Capt. | Name: Foldie W.

T. O. S. 29-11-18. | Unit: A. M. C. Training Depot no 2

Apr Paylist.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 apr 24	1918 May 31	✓		

Number _____ Rank Capt

Surname GOLDIE

Christian Name William

Units _____ Theatre of War England

Date of Service 9-6-18

Remarks _____

Latest Address 86 College St.
Toronto
Ont.

Roll No. G.A.M.G

200m.-6-21. A Page 4703

TOTAL SERVICE WHERE ..... DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS .....

..... HOSPITAL .....

DESP. DEC 26 1927 REGN. No. 9940

* CROSS (

M. F. W. 142.

1772—39—1171.
50m.—2-19.

Surname	Christian Name
GOLDIE	W.
Rank	Unit
Capt.	C.A.M.C. 4 CGH.

Casualty List		
19-12-18/1168-2.	I.O.D.E.Hosp.London "Influenza". Discharged:-2-7-18.	22-6-18
do.	No.4 CGH.Basingstoke "Diarrhoea".	11-12-18
27-12-18/1173-3.	Discharged:-16-12-18.	

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

D.M.S.1347. 5M-10-10-18.

Surname	Christian Name	Serial No.
GOLDIE	W.	

Rank	Unit
Capt.	C.A.M.C.

Medical Board held at	Date	Condition found by Board
London Area	1[illegible]-1-19	Loss Vision rt. Eye.

Fit Garr.Duty,Permanently unfit Gen.ser.

Remarks.

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.

UNIT. NAME OF	RATE OF P. AND A.	RANK.	Mess DATE	AUTHORITY	NAME. 9-9-1183 Fl Canada
Beneficiary CAHC.	Pay $4.00 per day	Capt	21 6/18	DHSBO #666 d/4-7-18	Name Goldie
Address	F.A. $1.50				Initials William
	Messing 1.00				Bank of Montreal. Traf Sqre
Amount. $					
Separation Allowance issued. Yes or No.....	Add. outfit allce £19 $100				

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918.								
July 10	P&A from 1/6/18-30/6/18 Mess. fr. 21-30/6/18 Capts rates	1998	122.50					
"	" " Bank.	4711		152.50				
"	Pay July R.		147.25					
12	Outfit allce	4528					£20-10-11 $100.00	
15	Ex. Rab. from Can. L.P. & from Can.	192	30					
24	Bank.	5404		147.25		0		
Aug 8	Adj. Pay fr. 1/6/18 - 31/7/18.	7036	61					
"	" " Bank.	6181		61				
22	Pay Aug. R.		178.25					
24	Bank.	7122		178.25		0		
Sept 11	Pay Sept. R.		172.50					
23	Bank.	8930		172.50		0		
Oct. 9	Pay Oct. R.		178.25					
16	Debit rec'd on Rep: y 10/18 £2-19-11. Just 10 Oct Vc 2137.			14.58				
23	Bank	10667		163.67		0		
Nov. 21	Nov. Pay		192.50					
	Bank.			192.50		0		
Dec 7	Dec Pay		186					
	Bank	13492		186		0		
Jan. 22.	Jan pay.		186					
23	Bank	15442		186		0		
24	Adv = Feb P/a Balce	Bank 15468		168			$168. Retd. to Can. L.P. Oct 28 2/19 Refer. to N.E. Ledger	
Feb 18	Feb. Pay		168					
	A.R.Cox							

Transfer: fr. Led 3 to 12 - March 1/19.

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT.		RANK.			NAME.
	NAME OF	RATE OF P. AND A.		DATE	AUTHORITY	
Beneficiary		Pay				Name
Address		F.A.				Initials
		Messing				Bank
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED. PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

Temporary original not available Unit, Regiment or Corps C.A.M.C.

Regimental No. ..... Rank Capt. C. E. F. Name GOLDIE, William

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	29-1-19	Auth. S.O. 1687 Pt. 2 D.O. 55
			Capt. For O. C. No. 2 District Depot		
		S.O.S. #2 DD on transfer to C.A.M.C.,M.D.#2.	Toronto	3-3-19	Auth. R.O. 1766 Pt. 2 D.O. 67.
			Capt. For O. C. No. 2 District Depot		

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

15-3-9-49

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	29-1-19	Auth R.O. 1687 dated 20-2-19 Pt.2 D.O. #55
		Transfer to C.A.M.C.M.D.2, cancelled			Auth R.O. 1972 Pt. 2 D.O.#141
		S.O.S. #2 DD.on Gen.Demob.	Toronto	3-3-19	Auth. R.O. 1988 Pt. 2 D.O. #151

A. M. Turner
Major,
For Lieut.-Colonel,
O.C. No. 2 District Depot.

Fill in only Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. TRAINING DEPOT #2

Regimental No. ..... Rank Captain C. E. F. Name GOLDIE, William

Enlisted (a) 27-4-18 Terms of Service (a) C.E.F. Service reckons from (a) 27-4-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Physician

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Ins. 9.6.18		
10.9.18	CAMB BD	T.O.S. from Canada	S Cliffe	9.6.18	Pt 191 (C.O. 666)
do	do	S.O.S. to No 4 C.G.H.	do	2.7.18	Pt 191
23.7.18	do	T.O.S. from No 4 C.G.H.	do	22.7.18	Pt 204 (Amd) 16/4 C.620 of 12/8/18
20/8/18	do	T.O.S. to No 4 Gen Hosp. Not Barrington	do	2/8/18	Pt [illegible] Capt. [illegible]
1.9.18	No 4 C.G.H.	T.O.S. from Camb. Rector Depot Shorncliffe	Barrington	1.9.18	Pt. 2 D.O. 44/4.9.18.
11/12/18	Do	adm. to Hosp. (Diarrhoea)	Do.	9/12/18.	Pt 4 D.O. #71/11/12/18.
26.12.18	Do	Dis from Hosp. (Diarrhoea)	Do.	16.12.18.	Pt 4 D.O. 75. D. 26.12.18

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18.1.19	NO4 C&H	S.O.S to Camc Cas Coy. Shoncliffe.	B'stoke	29.1.17	Part II D.O #4 d/18.1.19 McCharpe Majr Camc in O.C. NO4 Canadian General Hospital.
29.1.19.	Transferred to C.B.H in Canada.				
20-2-19	H.O. Ottawa	T.O.S. C&H Canada Gen Demobn	M.D. 2	29-1-19.	C&H Co 1684—19
6.3/19	H.O Ottawa	Detailed for duty under the A.D.M.S.	M.D 2	3/3/19	C&H Co 1766—19

D. Prefontaine Lieut.
for Director Personal Services

Reg. No.....

Rank....Capt.....

Name...Golden....William....

Unit.....Camc.....

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference....37.2.-2-665...

Date Struck off Strength...3-4-19....

Reason.....Demob.....

Military ~~Reason~~ List.....2.....

Auth B.O. 1988 of 28-5-19

Clerk's Initials...ARB.....

Date.....11-6-19.....

Doc. S. F. 10.
500/11/18.

M. D. 2

No. 56

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 9-68 RANK Capt. NAME (IN FULL) GOLDIE/ Wm. Williams (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
from 2nd D. To Training Depot	3/3/19	DO 72-2D.

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT? Trans. to 2 O.D. Mr. Pecos 86 Collyer St. 80.55 | DATE 3.3.19 | AUTHORITY 20,57

PLACE OF ATTESTATION | TRANSFERRED TO Camc M.D. 2 | DATE | AUTHORITY

DATE OF ATTESTATION 22/4/18. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: D.O.S. 3-3-19 | D.O.S. 3-3-19 | EFFECTIVE 3 Mch. 1919. | Gen Demob | DO 165 | DO 141

DISCHARGED | PLACE Ior. AMC | DATE ~~3/3/19~~ | REASON Demobn returns-active mil. | AUTHORITY DO 102 | IF ENTITLED TO POST DISCHARGE PAY yes

DO 102 cancelled by D.O. 141.

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 28-2-19.							Nil.																				31	00			31	00	31	00			Leb. Training 29-28/2/19
March 1.-3	3	5.00	15		28 90				43 90																		31	00			31	00			12 90		DO 90 28 subs 14.2.19 3.3.19 20,57
					30 60				45 60																										14 60		Welcome [illegible] Capt.
March-apr 3	31	5.00	155 00		30 60		12 90 14 60		200 20								22 31				14 69						155 170 28 90				200 20						CAPT. PAYMASTER, No. 2 DISTRICT DEPOT
May					23 80 28 90 155				207 70								11 22				207 70										207 70						
June																											207 70				207 70		207 70				
					W.S.G.																						W.S.G.										AMOUNT DUE SOLDIER DEPENDENT
92 days	5		460						460																		207 70 252 30				207 70 460 00		52 30		closed.		
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OR 137 Cut 9 14625 85

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MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
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Forms I. 1237 / 12

C6-12 KR

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1A152		Capt	Goldie	W.
Year	Unit.		Age.	Service.
	C.A.M.C. 4 C.G.H.			

Station and Date. 10.12.18

Disease Diarrhoea

Sudden onset of pain in belly, with liquid motions. [illegible] colic [illegible] glove no cells. [illegible] to abdomen [illegible] colon and [illegible] liquid [illegible] no pathogen [illegible] followed by [illegible] milk (mottled) [illegible] foam brown [illegible] [illegible]

Report No. 70281 Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name } Capt W Goldie Age Corps Canada

Disease Hospital 4 C G H

To Officer i/c Laboratory. Ward K

Please carry out an examination of the accompanying specimen of Stool

with special regard to Organisms

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 10/12/18 [illegible] O. i/c Ward.

LABORATORY REPORT.

Blood-stained fluid stool - bits of very friable blood-stained mucous. Mucus - many red cells, few WBC and epith. cells, many degenerated cells that appear to be epith. Charcots, vegetable cells, no cysts seen.

Culture negative for B enteritis or B dysentery.

[illegible]

Date of Examination 13.12.18 C P Brown O. i/c Laboratory.

(S.O. 1482.) W. 5760/Pet1. 6,000 Bks. 8/18.—McC. & Co., Ltd., Ldn.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Forms I. 1237 / 12

C6-12 KR

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D1A152		Capt	Goldie	W.

Year	Unit.	Age.	Service.
	C.A.M.C. 4 C.G.H.		

Station and Date.	Disease Diarrhoea
10.12.18	Sudden onset ~~[illegible]~~ pain in belly, with liquid motions. Remained in bed no food. diarrhoea continued often initial purge with castor oil. liquid foecal stool no cells. Admitted to hospital - no fever - Heat applied to abdomen. Examination. Tenderness on pressure over colon and ascending colon. Pseudo faecal blood in liquid motions.
	Examination stool showed fresh blood mucus 1 single pus cells few epithelial cells. no protozoa no amoebae (dysentery) isolated.
11.12.18	Given castor oil & saline full. this was followed by hypnotics - liquid diet of Tea cocoa diluted milk (mother)
12.12.18	Given Bismuth Salicylate mixture every four hours motions fewer in number. Blood & mucus
13.12.18	Patient sitting up. Appetite better
15.12.18	walking about feels weak - chicken diet
16.12.18	Discharged from hospital

Duncan Graham
Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms R. 150.
3232. 15 M. 14/12/16.

Surname GOLDIE **Christian Names** William.

Rank Captain;

Promotion

Name and Address of Next-of-Kin
Mrs.Isabel Moray Goldie, (Mother)
Ayr,Ont.Canada.

Unit C.A.M.C.

Place of birth Ontario.

Married (Yes or No)

Appointments

Date of leaving Canada 9.6.18(R.L.28-15 5/49.50,51) **Date and Cause of Resignation**

Rh. 9-G-842

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
4.7.18.	D.M.S.	T.O.S.having arr.from Canada.		9.6.18.	C.O.666.Pt.II.O.191 CAMCD 10.7.18.
13.7.18.	4 Gen.Hp	T.O.S.from CAMC Depot.		2.7.18.	Pt.II.O.31.& Pt.II.O.191 CAMCD d/10.7.18.
27-7-18.	D° CAMC. Res.	S.O.S. to CAMC Res. Depot.		22-7-18.	Pt. II Ord. 33.
23-7-18.	& T. Depot.	T.O.S. on posting from No. 4 C.G.H. Basingstoke.		22-7-18.	Pt. II Ord. 204-205 d/. 24-7-18.
30-8-18.	D°	S.O.S. on posting to No. 4 C.G.H. Basingstoke		31-8-18.	Pt. II Ord. 242.
4-9-18.	4. Gen Hp.	T.O.S. from CAMC Res & T. Depot. S'cliffe.		31-8-18.	Pt. II Ord. 44.
19-12-18	AMS.	Adm. I.O.D.E. Hp. 1 Hyde Park place	Discharged	22-6-18 / 2-7-18	Ch. 1168 Influenza
		Adm. 4 Can. Gen. Hosp. Basingstoke	Discharged	11-12-18 / 16-12-18	" " Diarrhea Ch. 1173
25-1-19	4 Gen Hp	S.O.S. on posting to CAMC Cas. Coy		25-1-19	Pt. II Ord 7
30-1-19	CAMC Cas Coy	T.O.S. on posting from 4 Gen Hp		25-1-19	Pt. II Ord 25
7-2-19.	CAMC Cas. Coy	S.O.S. on posting to C.E.F. in Canada	(upon cessation of hostilities)	29-1-19.	Pt. II Ord. 32.

11855

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473